Dr. Lori L. Mowbray, OD, FCOVD, FAAO
Minnesota Vision Therapy Center
9531 West 78th Street #200, Eden Prairie, MN 55344
Ph: (952) 844-0844 - Fax: (952) 844-0810

Vision Therapy Referral & Consultation Form

Patient Information

Name ____________________________________

DOB __________________ Age __________

Home Address _______________________________

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Contact Information

Parent/Guardian Name ______________________________

Relation to patient __________________________________

Home Phone ____________________________________

Cell Phone _______________________________________

Reason for Referral

- ☐ Visual stress / Headaches
- ☐ Tracking / Teaming difficulties
- ☐ Double vision
- ☐ Post trauma / Head injury
- ☐ Learning related problems
- ☐ Perceptual issues
- ☐ ADD / ADHD
- ☐ Retained reflexes
- ☐ Gross motor / Coordination
- ☐ Fine motor
- ☐ Other: ___________________
- ☐ Other: ___________________

Additional Information ____

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Referring Professional

Name ______________________________________

Clinic _____________________________________

Address ___________________________________

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Phone _____________________________________

Email _____________________________________

To refer this patient

- ☐ Fax a copy of this form
- ☐ Fax relevant records

Once the above information is received, our staff will contact the patient to schedule an evaluation within 3 business days.

A copy of the report and exam findings will be available upon request. **We do not do general/primary eye care**.

MinnesotaVisionTherapy.com